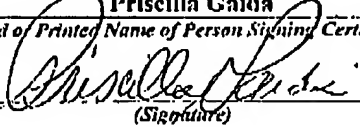


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. FIRS-3288
Applicant(s): Keith Ranieri			
Application No. 10/718,960	Filing Date 11/21/2003	Examiner Lacyk, John P.	Group Art Unit 3736
Invention: SLEEP GUIDANCE SYSTEM AND RELATED METHOD			RECEIVED CENTRAL FAX CENTER JUL 13 2005
<p>I hereby certify that this <u>Amendment (26 pgs.) and Petition For Extension of Time (1 pg.)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>July 13, 2005</u> (Date)</p> <p><u>Priscilla Gaida</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p>			
Note: Each paper must have its own certificate of mailing.			

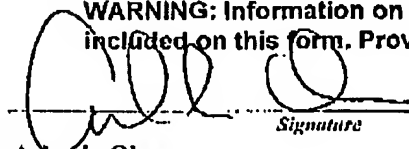
P18/REV02

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FAX NO.

P. 02

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. FIRS-3288	
Applicant(s): Keith Raniere						
Application No. 10/718,960	Filing Date 11/21/2003	Examiner Lacyk, John P.	Customer No. 5409	Group Art Unit 3736	Confirmation No.	
Invention: SLEEP GUIDANCE SYSTEM AND RELATED METHOD						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	88 -	88 =	0	x \$25.00	\$0.00	
INDEP. CLAIMS	21 -	5 =	16	x \$100.00	\$1,600.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$1,600.00	
<input type="checkbox"/> No additional fee is required for amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. 19-0513 in the amount of \$1,600.00 <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0513 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. 07/15/2005 MBINAS 00000020 190513 10718960 <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. 01 FC:2201 1600.00 DA <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 Arlen L. Olsen Reg. No. 37,543 Schmeiser, Olsen & Watts LLP 3 Lear Jet Lane, Suite 201 Ithaca, NY 14850			Dated: July 13, 2005			
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)			
			_____ Signature of Person Mailing Correspondence			
			_____ Typed or Printed Name of Person Mailing Correspondence			

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